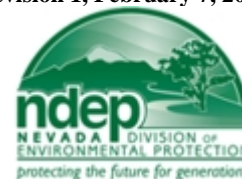


**Nevada Division of Environmental Protection  
Chemical Accident Prevention Program  
Element Audit Checklist**



<b>Facility:</b>				<b>Date:</b>	
<b>I. FACILITY &amp; SUBSTANCE INFORMATION</b>					
<b>A. PROCEDURE/POLICY REVIEW</b>					
<b>1) REGISTERED SUBSTANCES AND QUANTITIES</b> List on the Following Table					
Process no.	Process Description	Substance/Chemical Name	CAS #	Registered Qty (lbs)	Max. Storage Qty (lbs)
<b>Notes/Comments Pertaining to Issue 1):</b>					
<b>2) LIABILITY INSURANCE</b>					<b>Resp. Code</b>
a. Does facility maintain any environmental liability insurance in the event of a catastrophic release? (List provider name and amount of insurance below)					
<b>Notes/Comments Pertaining to Issue 2):</b>					



<b>3) TRADE SECRET</b>	<b>Resp. Code</b>
a. Has facility requested that a portion of its submitted CAPP documents be treated as TRADE SECRET pursuant to latest NAC revision (adopted on 11/30/04 but presently uncodified)?	
<b>Notes/Comments Pertaining to Issue 3):</b>	
<b>4) CERTIFICATION</b>	<b>Resp. Code</b>
a. Has proprietor, highest-ranking corporate officer, or other person designated as responsible party been identified by facility on submitted CAPP documents?	
b. Have CAPP documents which require certification been signed by above person?	
c. List name, job title, tel. & fax number, and e-mail address (if existing) for identified responsible party:	
<b>Notes/Comments Pertaining to Issue 4):</b>	
<b>5) CONTACT INFORMATION</b>	<b>Resp. Code</b>
a. Has facility designated a primary CAPP contact (plus phone, fax & email)?	
b. Has facility designated an emergency contact (plus phone & fax)?	
c. Has facility designated what personnel (positions) are responsible for ensuring compliance with various CAPP requirements (Management System pursuant to NAC 459.95516.1)?	
d. Has facility provided its mailing address?	
e. Has facility provided information as to its actual location/address, if different from the mailing address?	
f. Has facility provided the most current Organizational Chart for plant management, engineering, mechanical and operations departments - down to the level of operating/maintenance employees?	
<b>List Pertinent Contact Information (Names, Titles, Addresses, Telephone #s, etc):</b>	

<b>6)</b>	<b>REVIEW ITEMS SPECIFIC TO THIS FACILITY BASED ON PREVIOUS INSPECTION REPORTS OR FACILITY NOTIFICATION OF CHANGES</b>	<b>Resp. Code</b>
a.	Any incidents to review during this visit?	
b.	Any MOCs to review during this visit?	
c.	Any open PHA recommendations to review during this visit?	
d.		
<b>Notes/Comments Pertaining to Responses to Questions under Issue 6):</b>		
<b>General Records Review/Audit Notes/Comments</b>		



<b>B. ON-SITE INSPECTION - RECORDS AUDIT</b>					
<b>1) VERIFY QUANTITIES OF REGISTERED SUBSTANCES</b>				List on the Following Table	
Process no.	Process Description	Substance/Chemical Name	CAS #	Registered Qty (lbs)	On-Site Qty (lbs)
<b>Notes/Comments Pertaining to Issue 1):</b>					
<b>2) GENERAL MISCELLANEOUS OBSERVATIONS</b>					<b>Resp. Code</b>
a. Are process work areas generally well kept?					
b. Are markings and/or labels on equipment, piping vessels, etc., legible and distinguishable?					
c. Are passageways clear and readily accessible?					
d. Are contract personnel being utilized in process work areas?					
e. Are the processes operating?					
<b>Notes/Comments Pertaining to Responses to Questions under Issue 2):</b>					

